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ABSTRACT

Faced with a growing number of secondary school students reading below grade level, educators have begun to look for an effective program to improve reading ability and also meet the special needs of the older student. The clinical/support program recognizes that each student's developmental rate, reading capabilities, and interactions with his or her environment are unique. The program first identifies students with special reading needs, then develops student profiles in order to determine individual instructional plans. The cooperation of students, parents, and school personnel in decision making and goal setting before implementation of an instructional plan is essential to the program, as is evaluation of both student performance and program effectiveness. The program requires the services of a certified reading specialist who spends half of his or her time providing direct instruction and the remainder of the day in testing, planning, demonstration teaching, or record keeping. The specialist is assisted by a paraprofessional who is responsible for supervising students engaged in practice activities and recreational reading. (FL)

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A CLINICAL/SUPPORT READING PROGRAM FOR SECONDARY SCHOOLS

by

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A Clinical/Support Reading Program for Secondary Schools

Although reading scores for elementary students show slight gains, scores of secondary students continue to fall. These two major conclusions were drawn by the National Assessment of Educational Progress (NAEP) in its latest summary of reading performance (Education USA, 1981). In the face of this dilemma secondary principals strive to identify the most effective means of improving their students' reading ability.

For the past 10-12 years a popular approach has been the objective-based reading lab. This approach, however, neglects two critical instructional aspects: the uniqueness of students' interactions with home, school, and community (Gillespie-Silver, 1979) and the greater gains made by students receiving direct instruction (Harris, 1979). A model for reading improvement which addresses the needs of the non-proficient reader must recognize the student as an active participant in his/her total environment. Additionally this model must provide regular direct instruction.

The purpose of this article is to describe an appropriate instructional model for below-level readers which includes both of those critical aspects. This model will henceforth be called a clinical/support reading program. A flow chart of the model appears at the end of the article.

Premises and Goals

The clinical/support reading program recognizes that each students' developmental rate, reading capabilities, and interactions with his

home, school, and community are unique. Accompanying these beliefs is the realization that all students may not progress adequately in the district's developmental reading program or content area classrooms at his/her level of expected performance. Therefore, this program seeks to coordinate a successful educational balance between the characteristics of the student and the learning environment.

Among the goals for student and program are (1) identification of students with special reading needs, (2) assessment of student interaction within various environmental settings, (3) development of student profiles and (4) determination of individual instructional plans. The cooperation of student, parents, and school personnel in educational decision making and goal setting before implementation of an instructional plan is essential. Furthermore, (5) continuous reassessment of student progress and (6) program revision is necessary for reading growth.

The final two goals will be met through the efforts of the Reading Specialist: (7) demonstrating corrective reading strategies for non-proficient readers in regular classrooms and (8) working with classroom teachers to provide appropriate program modifications for non-proficient readers.

Staffing

There are certain advantages to staffing this program with a certified Reading Specialist. He/she brings at least three years of classroom experience and a master's level concentration in reading, both of which

enable him/her to meet more effectively the needs of non-proficient readers as well as to establish credibility with classroom teachers.

The Reading Specialist divides his/her time into two main categories. First, the morning hours are devoted to the necessary direct instruction for those students selected for the program. Student and teacher needs determines the remainder of the school day. Therefore, the afternoon hours are dedicated as needed to the following duties: testing; diagnosis; program planning; student, parent, and teacher conferences; record keeping; demonstration teaching; modifying the regular program for clinic students as well as regular classroom students.

An additional staff person is the paraprofessional. This person is responsible for the supervision of students engaged in practice activities and recreational reading as directed by the Reading Specialist. The paraprofessional also keeps the students' progress records or performs other record-keeping duties.

Identification Process and Diagnostic Procedures

The initial identification of non-proficient readers allows referrals by teachers, parents, and students themselves. Moreover, the Reading Specialist may identify other students through an examination of the school's cumulative records. Only students who exhibit a discrepancy between reading comprehension test scores and test scores which reflect ability are further diagnosed.

The Reading Specialist then solicits additional information from the student, parents, and teachers. She also gives a battery of tests designed to aid the identification process. After all information on each student is synthesized, the Reading Specialist makes a final decision on each student. The student either returns to the regular classroom, joins the clinical/support reading program, or continues further testing with the educational diagnostician.

At this point the Reading Specialist gives specific reading diagnostic tests to the selected students. She considers information from many data sources, including miscue analysis, informal reading inventories, selected placement tests, and classroom observations. She then formulates a tentative instructional plan for each student selected to participate.

Instructional Planning Process

The instructional planning process involves each selected student's parents and teachers as integral parts of his/her total environment. After the development of a tentative instructional plan, a series of conferences is initiated. First, the Reading Specialist visits the student's home to confer with the parents about the arrangements made for their son/daughter. Second, the Reading Specialist and the student discuss the proposed procedure in terms of the student's perceptions of his/her needs. And third, the Reading Specialist and content area teachers consult concerning their perceptions of the student's strengths and weaknesses.

The conferences serve effectively as a vehicle for establishing rapport between the Reading Specialist and all individuals with whom the student interacts. Perhaps more importantly, they allow the Reading Specialist to gather valuable information from numerous sources which is then used to revise the instructional plan to truly address the student's needs.

The instructional plan and services available to the student relate directly to the diagnostic and anecdotal information collected and vary with individual needs. The overall reading improvement process expects mastery of competencies in the areas of word recognition skills, vocabulary development, comprehension skills, study skills, and language/reading fluency. The focus depends on the student's needs at a designated time.

Evaluation

The clinical/support reading model suggests that two types of evaluation are essential -- student evaluation and program evaluation. Just as parents, teachers, and students participate in determining student needs and in developing the instructional plan, so, too, they are a part of the evaluation process.

As an ongoing process, student evaluation permits the Reading Specialist to modify the instructional plan and patterns of instructional grouping whenever the need arises. The Reading Specialist maintains

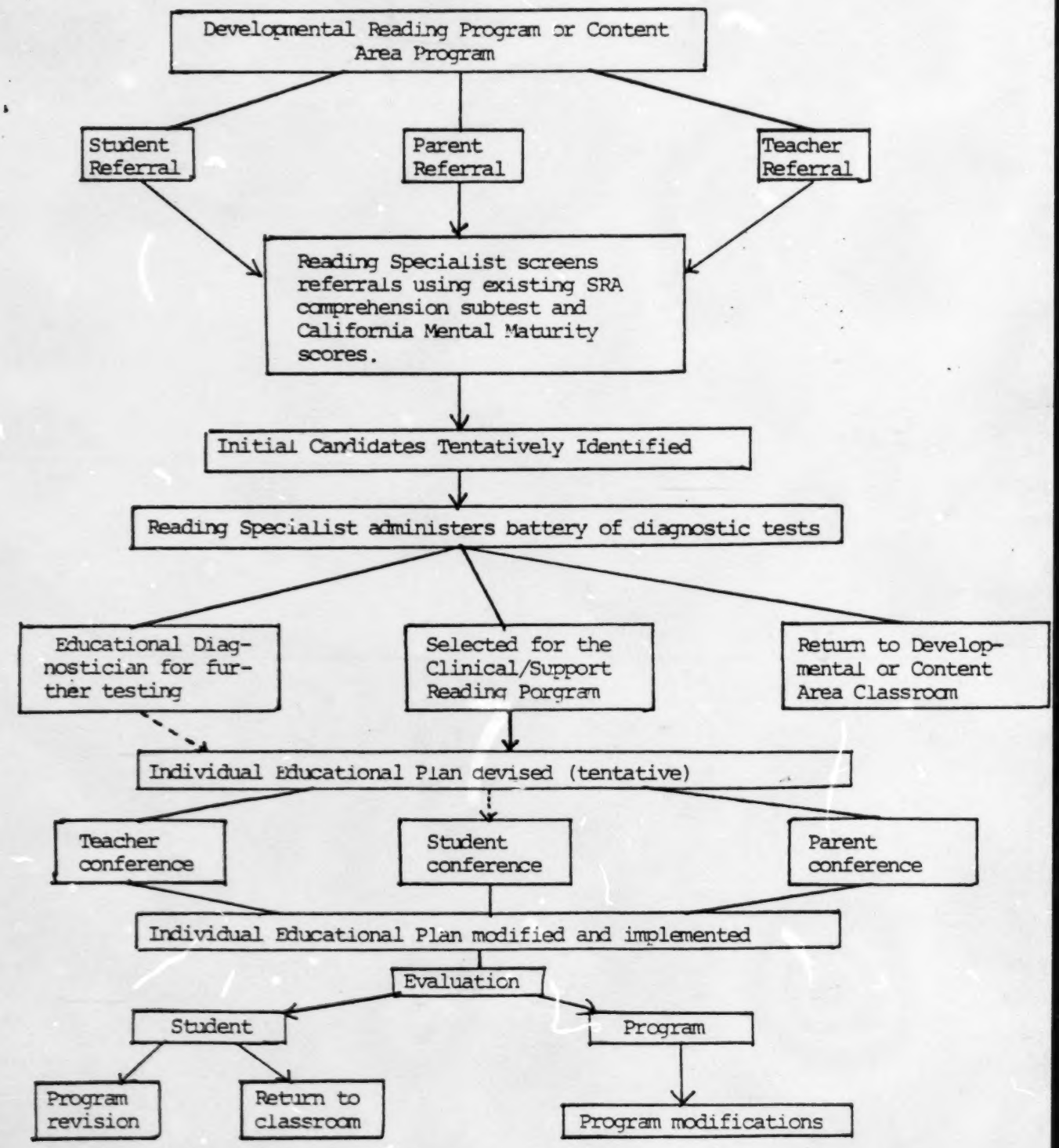
regular communication with content area teachers pertaining to the student's progress and needs. Likewise the Reading Specialist keeps records of the student's demonstrated mastery in skill areas and sends progress reports to parents on a regular basis.

Parents, students, and teachers evaluate the success of the clinical/support reading program with respect to reading achievement, overall performance in school, and stated program goals. The Reading Specialist summarizes this data along with gains indicated by standardized and informal pre and posttest scores. A written report includes suggestions for future program improvement. Thus, evaluating both the students' progress and the success of the model itself uses information from various aspects of the students' total environment.

Conclusion

This proposed clinical/support program is an instructional model to assist secondary principals to improve the reading abilities of their students. This program provides two critical instructional aspects often omitted from secondary reading labs: small group instruction and recognition of the student as an active participant in the home, school, and community environments. Hopefully the implementation of this model will indeed improve secondary students' reading abilities.

FLOW CHART


Developmental Reading Program or Content Area Program
Student Referral
Parent Referral
Teacher Referral
Reading Specialist screens referrals using existing SRA comprehension subtest and California Mental Maturity scores.
Initial Candidates Tentatively Identified
Reading Specialist administers battery of diagnostic tests
Educational Diagnostician for further testing
Selected for the Clinical/Support Reading Porgram
Return to Developmental or Content Area Classroom
Individual Educational Plan devised (tentative)
Teacher conference
Student conference
Parent conference
Individual Educational Plan modified and implemented
Evaluation
Student
Program
Program revision
Return to classroom
Program modifications

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